[ ] Declaration supporting small entity status enclosed.

Total Claims \_\_\_\_ minus\*\* \_\_\_ = \* \_\_\_ x \$ 5.00 = \$\_\_\_\_\_ Independent

Claims \_\_\_\_\_ minus\*\*\*\_\_\_\_=\*\_\_\_x \$15.00 = \$\_\_\_\_\_

TOTAL ADDITIONAL FEE ENCLOSED

If entry in first column is less than entry in next column, the result is zero.

If highest number previously paid for in this space is less than twenty, write "20" in this space.

If highest number previously paid for in this space is less than three, write "3" in this space.

- [X] The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 (except the Issue Fee) which may be required now or hereafter, or credit any overpayment, to Deposit Account No. 13-5040 under an Order Number corresponding to the above Attorney Docket. A duplicate of this sheet is attached.
- It is hereby petitioned under 37 CFR 1.136 that the response term in this [X] application be extended, if necessary, to a date which includes the filing date of the present AMENDMENT, and the Commissioner is hereby authorized to charge eny necessary extension fee to Deposit Account 13-5040, under an Order Number corresponding to the above Attorney Docket.

Respectfully submitted,

MURRAY WHISENHUNT AND FERGUSON .

Leomard C. Mitchard

Red No. 29 009

1925 N. Lynn Street Arlington, VA 22209 Telephone: (703) 243-0400

REF: SAE-22

LCM/md